



Application No:

Student No:

Academic Year:

Batch No:

Date:

Center:

**Read carefully and Fill with BLOCK CAPITALS**

1.Name in Full:

2.Address:

3.Tell No:    Mobile:

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4.E-mail:

Home:

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Office:

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**5.Course Offered:**

	Diploma in HR Management
	Diploma in Computer Based Accountancy
	Diploma in Montisori Teachers Training
	Certificate in Photoshop
	Practical English
	Computer Application for kids

6. Have you paid full Course fee?

Yes

No

If not,

Amount:

For the month or month

7. You should paid Rs.500 For exam application

**Paid amount:**

Recepit No:Date:

I assure that above information are true and corect and will obey all the rules and regulations on examintions

Date: ...../...../.....

Students' Signature: .....

**For Office use Only**

Date: ...../...../.....

Signature: .....

Seal: .....



**For Office use Only**

Receipt No:	Date	AM

Receipt No:	Date	AM

Notes

**Marks:****Course Work**

Subject	Marks	Remarks

**Examination**

Subject	Marks	Remarks

**Intructions:**

Student's Name: .....

Student No: .....

Course: .....

Center: .....

I assure that this student has completed all payments and qualified to face for the examination.

Date: ...../...../.....

Name: .....

Signature: .....

**Final Approval**

Please provide following documents

Monthly Account report to our Excel Work Sheet Format.

☐ Yes

from ...../...../..... to ...../...../.....

☐ No

MD

Signature

